Revised December 1974

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STATE WATER RESOURCES CONTROL BOARD

	•	· STATE DEPARTM	ENT OF HEALTH . SFUND RECORDS CIR
PRODUCER OF WASTE (Mus	st be filled by producer)		HAULER OF WASTE (Must be filled by hauler) 999000710
Name ALVAS VIA (PRINT OR TYPE) Pick up Address: 5/5	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392		
Pick up Address: S/S/ ALLA AVE (CITY / RAND)			7-10.79 Dam
Telephone Number: 2/3) 588 634/ P.O. or Contract No.: 44 718 686			Pick Up: 3-10-79 Time:
Order Placed By: THEROM Date: 3-6-79			State Liquid Waste Hauler's Registration No. (If applicable):
Type of Process which Produced Wastes: ALLIAN ARA ARA CATO (Examples: metal plating, equipment cleaning, oil drilling — code No. wastewater treatment, pickling bath, petroleum refining)			Job No.:
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:			I certify (or declare) under penalty of perjury
		11. Contaminated soil and sand	that the foregoing is true and correct.
2. Alkaline solution	7. Chemical toilet wastes	12. Cannery waste	SIGN TURE OF AUTHORIZED AGENT AND TITLE
3. Pesticides	8. Tank bottom sediment	13. Latex waste	DISPOSER OF WASTE (Must be filled by disposely
4. Paint sludge	9.	14. ☐ Mud and water	Name (print or type): OPERATING INCLISTING INC
5. Solvent	10. Drilling mud	15. 🗆 Brine	Site Address: 2425 Su. L. IS 1448
Other (Specify) ALUANIA OXIDES (JATES			The hauler above delivered the described was Onited by Racifal in 1947-4 acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Components:			local restrictions.
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			Quantity measured at site (if applicable):State fee (if any):
			Handling Method(s):
			recovery
			treatment (specify):
3.			(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
4			☐ other (specify): ☐ other (spe
5.			CODE NO.
			If waste is held for disposal elsewhere specify final location:
			Disposal Date:
			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
barrels			SIGNATURE OF AUTHORIZED ATTENT AND TITLE
Bulk Volume:	gal tons	(42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each completed record to the State Department of Health with monthly fee reports.
Containers:	drums cartons	bags Other TANK (specify)	
Physical State:	☐ solid 月 liquid 月	sludge Other	
Special Handling Instructions (if any):			
NOME			
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).			
I certify (or declare) under penalty of perjury that the foregoing is true and correct.			FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
SIGNATURE OF AUTHOR NEW ARE THE D.O.T. Proper Shipping Name			